PHIL&JENNIEGAGLARDIACADEMY

ARROWS ATHLETICS

COMMUNITY STUDENT-ATHLETE REGISTRATION PACKAGE

For online-learning, homeschool and non-enrolled student-athletes joining an Arrows team, academy or camp.

2026–27 SEASON

PURPOSE. DISCIPLINE. HARD WORK.

"Anyone who competes as an athlete does not receive the victor's crown except by competing according to the rules."—2Timothy 2:5

INSIDE THIS PACKAGE

1475 Noel Avenue, Comox, BC V9M 3H8 · 250.339.1200 · athletics@gaglardiacademy.ca

Return completed package to the Athletic Director

WELCOME TO THE ARROWS

Read this page first—it tells you exactly what to complete and when.

You do not have to be enrolled at Phil & Jennie Gaglardi Academy to wear the Arrows crest. Our athletic program is open to online-learning, homeschool and other non-enrolled student-athletes in the Comox Valley who are willing to commit to our standards of purpose, discipline and hard work — and to represent this school well.

Because these athletes are not registered students here, this package asks for more information than our in-school forms do. Everything in it exists for one reason: so that when your child steps on the court, field or track, our coaches know how to keep them safe, and you know exactly what you have agreed to.

FIVE STEPS TO A ROSTER SPOT

1. **Talk to us first.** Contact the Athletic Director before completing this package. Not every team has open roster spots, and eligibility must be confirmed before tryouts.
2. **Complete Sections 1–11** and initial each legal section. A parent or guardian must complete and sign for any athlete under 19.
3. **Sign Sections 12–15** — the Code of Conduct, Athletic Conduct Policy and Student-Athlete Contract. The athlete signs these personally (Grades 7–12).
4. **Attach the required documents** listed below.
5. **Return the full package and fees** to the Athletic Director before the first practice. Athletes may not practise, try out or travel until the package is complete.

What you need to attach

- ☐ Copy of BC CareCard / Personal Health Number
- ☐ Completed BC School Sports Section 822.0 form (if applicable — see Section 1)
- ☐ Payment or signed payment arrangement (Section 8)
- ☐ Proof of current enrolment in an online school or homeschool registration
- ☐ Physician's clearance letter (only if flagged in Section 4)
- ☐ Recent photo for team roster (optional)

Key contacts

Athletic Director	Chris McKague	athletics@gaglardiacademy.ca	250.339.1200
School Office	Mon–Fri, 8:30 am – 3:30 pm	office@gaglardiacademy.ca	250.339.1200

IMPORTANT DATES (Filled out by office)

Package and fees due: _____ Tryouts begin: _____

Season runs: _____ to _____ BCSS eligibility deadline: _____

WHAT WE ASK OF YOUR ATHLETE

- At every practice, on time, in the right gear.
- Academic standing kept in good order at their own program.
- The Code of Conduct honoured on and off the road.
- Honesty about injury, illness and anything affecting safety.

WHAT YOU CAN EXPECT FROM US

- Criminal-record-checked coaches who follow safe-sport practice.
- A clear schedule, communicated early, sent straight to you.
- Meaningful playing opportunities — see Section 15.
- Immediate removal from play for any suspected concussion.

1 PROGRAM SELECTION & ELIGIBILITY

A. Which program is this athlete joining?

- ☐ **School team (Arrows roster)** — competes in BC School Sports league and championship play
- ☐ **Academy / development program** — skills training, not league competition
- ☐ **Camp or clinic** — short term, per-session registration
- ☐ **Other** — describe: _____

SPORT(S) APPLYING FOR | TEAM / AGE GROUP | POSITION OR SPECIALTY

B. How is this athlete currently schooled?

- ☐ **Online / distributed learning** — registered in a BC online school
- ☐ **Homeschooled** — registered under s.13 of the *School Act*
- ☐ **Enrolled at another BC school** (name below)
- ☐ **Enrolled at Gaglardi Academy** — use the in-school forms instead

NAME OF SCHOOL / ONLINE PROGRAM THE ATHLETE IS REGISTERED WITH | CURRENT GRADE | STUDENT PEN (IF KNOWN)

SCHOOL / PROGRAM CONTACT NAME | CONTACT EMAIL | CONTACT PHONE

ELIGIBILITY IS NOT AUTOMATIC — PLEASE READ

Arrows school teams compete under **BC School Sports (BCSS)**. A student attending an online or alternate school may play on a BCSS team, but only where the school they attend is a BCSS member and **Section 822.0 — Online Learning & Alternate School Students Form** has been submitted and approved before competition. Registration on the STARS system is also required.

Homeschool registration (s.13) is *not* the same as enrolment in an online school, and may affect eligibility. If your child is homeschooled, contact the Athletic Director early — we will work through the eligibility question with you before you pay any fees.

Athletes joining an academy program, camp or clinic are not affected by BCSS rules and may skip the eligibility review.

Eligibility is determined by BC School Sports, not by the school. We will submit the paperwork on your behalf, but we cannot guarantee an approval.

C. Eligibility declaration

- ☐ I understand my child's eligibility must be approved by BC School Sports before league play, and that fees are refundable if eligibility is denied (see Section 8).
- ☐ I confirm my child has not already competed for another school in this sport this season, and I will disclose any transfer history.
- ☐ I authorize Gaglardi Academy to contact my child's school or online program to verify registration, grade placement and academic standing.
- ☐ I will notify the Athletic Director within 7 days if my child's schooling arrangement changes.

SECTION 1 — ELIGIBILITY
I have read, understood and agree to this section.

STUDENT | PARENT

2 STUDENT-ATHLETE INFORMATION

LEGAL LAST NAME | LEGAL FIRST NAME | PREFERRED NAME

DATE OF BIRTH (YYYY-MM-DD) | AGE ON SEPT 1 | GENDER | HEIGHT | WEIGHT

HOME ADDRESS | CITY | POSTAL CODE

ATHLETE MOBILE | ATHLETE EMAIL | PREFERRED JERSEY SIZE

Team and club history

PREVIOUS SCHOOL / CLUB TEAMS (LAST 2 YEARS) | YEARS OF EXPERIENCE IN THIS SPORT

OTHER TEAMS OR CLUBS THE ATHLETE WILL PLAY FOR THIS SEASON | ANTICIPATED SCHEDULE CONFLICTS

Academic standing

Our program requires satisfactory academic progress. Coaches may request a progress report from your child's school at any point in the season.

Is the athlete currently in good academic standing at their school or online program? ☐ YES ☐ NO

Has the athlete had an attendance, academic or behavioural concern in the last 12 months? ☐ YES ☐ NO

IF YES TO EITHER, PLEASE EXPLAIN

Faith and community

Gaglardi Academy is a Christ-centred school. All team members participate in team devotions, prayer before competition and when travelling. Please acknowledge:

☐ I understand and accept that Christian practice is part of the Arrows team experience.

SECTION 2 — ATHLETE INFORMATION

I have read, understood and agree to this section.

STUDENT | PARENT

3 PARENTS, GUARDIANS & EMERGENCY CONTACTS

Parent / Guardian 1 — primary contact

FULLNAME | RELATIONSHIP TO ATHLETE | MOBILE PHONE

EMAIL (TEAM COMMUNICATIONS WILL BE SENT HERE) | WORK / ALTERNATE PHONE | EMPLOYER

HOME ADDRESS (IF DIFFERENT FROM ATHLETE)

Parent / Guardian 2

FULLNAME | RELATIONSHIP TO ATHLETE | MOBILE PHONE

EMAIL | WORK / ALTERNATE PHONE | EMPLOYER

Emergency contacts — other than the parents/guardians above

EMERGENCY CONTACT 1 — NAME | RELATIONSHIP | PHONE | ALTERNATE PHONE

EMERGENCY CONTACT 2 — NAME | RELATIONSHIP | PHONE | ALTERNATE PHONE

Custody, guardianship and release of the athlete

Is there a custody order, parenting agreement or protection order we should be aware of? ☐ YES ☐ NO

Are there any persons who must NOT pick up or contact this athlete? ☐ YES ☐ NO

IF YES TO EITHER, GIVE DETAILS (ATTACH A COPY OF ANY ORDER)

ADULTS AUTHORIZED TO PICK UP THIS ATHLETE FROM PRACTICES, GAMES AND TRIPS

SECTION 3 — CONTACTS

I have read, understood and agree to this section.

STUDENT | PARENT

4 MEDICAL HISTORY & HEALTH INFORMATION

WHO SEES THIS INFORMATION
This section is shared only with the head coach, assistant coaches, team trainer/first-aid attendant, trip supervisors and the school office — and with emergency medical personnel if your child is injured. It is stored securely and destroyed at the end of the athlete's final season in accordance with BC's *Personal Information Protection Act*.

PERSONAL HEALTH NUMBER (MSP) | FAMILY PHYSICIAN | PHYSICIAN PHONE | PREFERRED HOSPITAL

EXTENDED HEALTH INSURER (IF ANY) | POLICY / CERTIFICATE NUMBER | DATE OF LAST TETANUS SHOT | BLOOD TYPE (IF KNOWN)

A. Allergies

- ☐ No known allergies
- ☐ Food (specify below)
- ☐ Medication
- ☐ Insect stings
- ☐ Latex
- ☐ Environmental / seasonal
- ☐ Other (specify below)
- ☐ Carries an epinephrine auto-injector

DESCRIBE EACH ALLERGY, THE REACTION, AND THE TREATMENT REQUIRED

☐ **My child carries an epinephrine auto-injector (EpiPen®) and it will be with them at every practice, game and trip. I consent to any coach or supervising adult administering it in an emergency.**

B. Current and past medical conditions

Check anything that applies now or has applied in the past, then explain below.

- ☐ Asthma / breathing difficulty
- ☐ Heart condition or murmur
- ☐ Concussion (see Section C)
- ☐ Surgery in the last 2 years
- ☐ Chronic pain
- ☐ Eating disorder
- ☐ Heat illness history
- ☐ None of the above
- ☐ Diabetes
- ☐ High or low blood pressure
- ☐ Broken bone or fracture
- ☐ Back or neck injury
- ☐ Vision or hearing loss
- ☐ Bleeding disorder
- ☐ Currently in physiotherapy
- ☐ Seizures / epilepsy
- ☐ Fainting or dizziness with exercise
- ☐ Dislocation or joint instability
- ☐ Knee / ankle / shoulder injury
- ☐ Mental health condition
- ☐ Sickle cell trait
- ☐ Other (explain below)

FOR EACH ITEM CHECKED, GIVE THE DATE, CURRENT STATUS, AND ANY ACTIVITY RESTRICTION

SECTION 4 A–B — MEDICAL HISTORY
I have read, understood and agree to this section.

STUDENT | PARENT

4 MEDICAL HISTORY (CONTINUED)

Concussion history, medications, restrictions and physician clearance.

C. Concussion history

Has this athlete ever been diagnosed with a concussion?	☐ YES	☐ NO
Has this athlete had a head injury in the past 12 months?	☐ YES	☐ NO
Is the athlete currently under any return-to-play or return-to-learn protocol?	☐ YES	☐ NO

DATES AND DETAILS OF EACH CONCUSSION, AND WHO CLEARED THE ATHLETE TO RETURN

D. Medications

MEDICATION NAME	DOSE	WHEN TAKEN	REASON / CONDITION

List any further medications on a separate sheet and attach it to this package.

- ☐ My child self-administers their own medication and will carry it at all times.
- ☐ My child requires assistance; I will make separate written arrangements with the school office.
- ☐ I consent to a supervising adult administering over-the-counter pain relief (acetaminophen or ibuprofen) as directed on the package.

E. Dietary, mobility and other needs

DIETARY RESTRICTIONS (FOR TEAM MEALS AND TRAVEL)

MOBILITY, SENSORY OR LEARNING NEEDS COACHES SHOULD KNOW ABOUT

F. Physician clearance

A physician'swritten clearance must be attached if the athlete has a heart condition, a concussion in the past 12 months, an unresolved injury, an activity restriction, or is returning from surgery.

- ☐ No clearance required — my child has no condition listed above.
- ☐ Physician's clearance letter is attached.
- ☐ Clearance is being obtained and will be delivered before the first practice. I understand my child may not participate until it is received.

G. Parent / guardian certification

I certify that the information given in this section is true and complete to the best of my knowledge. I understand that my child's coaches and supervisors will rely on it in an emergency. **I agree to notify the Athletic Director in writing of any change to my child's health, medication or physical condition that occurs during the season, including any injury sustained outside of Arrows activities.** I understand that failing to disclose a relevant medical condition may result in my child being removed from the program.

PARENT / GUARDIAN SIGNATURE | PRINT NAME | DATE (YYYY-MM-DD)

SECTION 4C–G — MEDICAL CERTIFICATION

I have read, understood and agree to this section.

STUDENT ☐ PARENT ☐

5 CONSENT TO EMERGENCY MEDICAL TREATMENT & CONCUSSION PROTOCOL

A. Authorization to obtain treatment

In the event of injury, illness or medical emergency involving my child during any Arrows practice, tryout, game, training session, camp, team meeting, trip or travel, I authorize the coaching staff, team trainer, trip supervisors and designated school personnel to:

- administer first aid and, where trained to do so, emergency care including CPR and the use of an automated external defibrillator;
- call 9-1-1 and arrange ambulance transport at my expense;
- consent to and authorize examination, X-ray, anaesthetic, medical or surgical diagnosis and treatment by a licensed physician, dentist, nurse practitioner or hospital, where in the opinion of the attending health professional such treatment is necessary and I cannot be reached in time;
- remove my child from participation where in the reasonable judgment of a coach or supervisor it is unsafe for them to continue.

I understand that every reasonable effort will be made to contact me before treatment is authorized, and immediately after in any case. I accept financial responsibility for all costs of medical care, ambulance and transport that are not covered by the Medical Services Plan of British Columbia or my extended health plan.

B. Concussion recognition, removal and return to play

lacknowledge that concussionisaseriousbraininjury,thatitcan occur without a loss of consciousness, and that returning to activity too soon can cause lasting harm. I agree that:

- If a coach, trainer or supervisor suspects my child has sustained a concussion, my child will be **removed from play immediately and will not return that day** — no exceptions, and regardless of what my child, I, or anyone else says about how they feel.
- My child will not return to full training or competition until cleared in writing by a physician or nurse practitioner, and until they have completed a graduated return-to-learn and return-to-play progression.
- I will inform the Athletic Director of any suspected concussion my child sustains outside of Arrows activities, including at their own school, in club sport or at home.
- I have been directed to the free Concussion Awareness Training Tool (cattonline.com) and understand the program may require the athlete and me to complete it.

C. Athletic therapy, taping and physical contact

I consent to my child receiving basic athletic first aid including icing, taping, bracing and stretching from qualified staff. I understand that Arrows staff follow the Rule of Two — a coach is not alone and out of sight with an athlete — and that any necessary physical contact will be limited to what is required for safety, skill instruction or first aid, and will occur in an open and observable environment.

PARENT / GUARDIAN SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)

SECTION 5 — MEDICAL CONSENT
I have read, understood and agree to this section.

STUDENT ☐ PARENT ☐

6 ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE OF LIABILITY

PLEASE READ BEFORE SIGNING
By signing this section you give up certain legal rights, including the right to sue, for yourself and on behalf of your child. Read it in full, and obtain independent legal advice if you wish, before signing.

A. Assumption of risk

I understand that participation in athletics involves risks that cannot be eliminated regardless of the care taken. These risks include, without limitation: sprains, strains, fractures, dislocations, dental and facial injury, concussion and other head or brain injury, spinal and neck injury, heat and cold illness, cardiac events, permanent disability and death; risks arising from contact with other participants, equipment, playing surfaces, facilities and spectators; risks arising during travel to and from activities; and risks arising from the negligence of other participants, coaches, officials, volunteers or the school. I acknowledge that I have had the opportunity to ask questions about these risks, and that my child participates voluntarily with full knowledge of them.

B. Non-enrolled participant acknowledgment

I acknowledge that my child is **not an enrolled student** of Phil & Jennie Gaglardi Academy, and that participation in the Arrows athletic program is a privilege extended at the school's sole discretion. I acknowledge that: (i) my child is not entitled to any academic service, supervision outside athletic activity, insurance coverage or other benefit provided to enrolled students; (ii) supervision begins when the athlete arrives at a scheduled activity and ends when it concludes; (iii) the school may withdraw my child from the program at any time on written notice; and (iv) my child's own school or homeschool arrangement remains solely responsible for their education and academic record.

C. Release, waiver and indemnity

In consideration of Phil & Jennie Gaglardi Academy accepting my child into the Arrows athletic program, I, on my own behalf and on behalf of my child, our heirs, executors, administrators and assigns, agree:

To waive any and all claims that I or my child may have now or in the future against the Releasees;

To release the Releasees from any and all liability for any loss, damage, expense or injury, including death, that my child may suffer arising out of or connected with participation in the Arrows athletic program, **due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the *Occupiers Liability Act*, R.S.B.C. 1996, c. 337, on the part of the Releasees**;

To hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third party resulting from my child's participation;

That this agreement is binding, is governed by the laws of British Columbia, and that any dispute arising from it shall be determined exclusively by the courts of British Columbia.

"Releasees" means Phil & Jennie Gaglardi Academy, its board, operating society, officers, employees, coaches, volunteers, trainers, trip supervisors, contractors, agents and successors, and the owners and occupiers of any facility used by the program.

D. Signature of the athlete and of the parent or guardian

I confirm that I am the parent or lawful guardian of the athlete named in this package, that the athlete is under 19, and that I have authority to enter this agreement on their behalf. I have read and understood this section, have signed it freely, and have not been induced to sign by any representation not contained in it.

PARENT / GUARDIAN SIGNATURE

PRINT NAME

DATE (YYYY-MM-DD)

STUDENT-ATHLETE (GRADES 7–12) SIGNATURE

PRINT NAME

DATE (YYYY-MM-DD)

WITNESS SIGNATURE

☐ The athlete is **19 or older** and signs this waiver in their own right. No parent or guardian signature is required.

7 INSURANCE DECLARATION

THE SCHOOL DOES NOT INSURE YOUR CHILD AGAINST INJURY

Gaglardi Academy carries general liability insurance for its own operations. **It does not carry accident, medical, dental or disability insurance for participants.** Any cost of treatment, ambulance, dental repair, physiotherapy, equipment loss or time away from work is your responsibility, subject to your own coverage.

A. Required coverage

☐ My child is covered by the **Medical Services Plan of British Columbia** (MSP). PHN is recorded in Section 4.

☐ My child is **not** an MSP beneficiary. I have arranged private medical insurance valid in BC and will attach proof. I accept full financial responsibility for all care.

EXTENDED HEALTH / DENTAL PLAN PROVIDER	POLICY NUMBER	PLAN MEMBER NAME

B. Sport accident insurance

Many families choose to carry optional sport accident insurance, which can cover dental repair, ambulance, paramedical treatment and other costs that MSP does not. Our program does not endorse or arrange any particular policy, and does not receive any benefit from your purchase.

☐ I have arranged separate sport accident insurance for my child.

☐ I have chosen not to arrange sport accident insurance and I accept the financial consequences.

C. Personal property

The school is not responsible for the loss, theft or damage of personal property including phones, equipment, footwear, jewellery, bags or clothing, whether at a school facility, a rented facility, an opposing school, or in transit. Do not send valuables on road trips.

D. Damage to school or facility property

I accept financial responsibility for the repair or replacement cost of any school or facility property damaged by my child through misuse, negligence or intentional act, and for any issued uniform or equipment that is not returned in good condition at the end of the season.

EQUIPMENT / UNIFORM DEPOSIT (REFUNDABLE ON RETURN)	ITEMS ISSUED	DATE RETURNED

SECTION 7 — INSURANCE

I have read, understood and agree to this section.

STUDENT _____ PARENT _____

8 FEES, PAYMENT & REFUND POLICY

Non-enrolledathletespayaparticipationfeebecausetheyarenotcovered by school tuition.

A. Fee schedule

ITEM	DESCRIPTION	AMOUNT	DUE
Registration / administration fee	One-time per season; covers eligibility filing, insurance administration and registration	**$50**	**$50**
Program participation fee	Coaching, facility rental, officials, league and tournament entry	**TBD**	**TBD**

Please note that sports team fees are charged on an individual team basis.

Fee structures vary by grade level and are per sport:

- Grades 6–7: $40
- Grades 8–9: $55
- Grades 10–12: $85

Any additional costs for tournaments or travel will be determined and communicated at a later date.

B. Payment method

☐ Paid in full — cheque

☐ Paid in full — e-transfer

☐ Paid in full — credit / debit

☐ Monthly instalments (arrangement attached)

(Office Use)

TOTAL AMOUNT	PAID DATE	METHOD / REFERENCE	RECEIVED BY

C. Refund policy

Eligibility denied by BC School Sports: full refund of all fees paid.

Withdrawal before the first practice: full refund less the registration / administration fee.

Withdrawal after the first practice but before the first league game: 50% refund of the participation fee. Uniform and travel costs already committed are not refundable.

Withdrawal after the first league game: no refund.

Season-ending injury: pro-rated refund of the participation fee on written request with medical documentation.

Removal for disciplinary reasons: no refund (see Sections 12 and 13).

Season cancelled by the school, the league or public health order: pro-rated refund of unspent fees.

Returned or declined payments are subject to a $10 administration charge.

D. Financial assistance

No athlete is turned away from the Arrows for financial reasons alone. Bursary requests are reviewed confidentially by the Principal and Athletic Director.

☐ I would like to request financial assistance. Please contact me confidentially.

PARENT / GUARDIAN — FEE AGREEMENT SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)

9 TRANSPORTATION & TRAVEL CONSENT

A. Day-to-day transportation

Transportation to and from practices, tryouts and home games is the responsibility of the parent or guardian unless the coaching staff arranges otherwise in writing. The school is not liable for transportation arranged privately between families.

- ☐ My child will be driven by a parent or guardian.
- ☐ My child will travel with another family (named in Section 3).
- ☐ My child holds a valid BC driver's licence and I authorize them to drive themselves. They may not transport other athletes.
- ☐ My child will use public transit or active transport.

B. Team travel

From time to time teams travel to away games, tournaments and championships, which may involve school vehicles, chartered buses, ferry travel, private vehicles driven by screened adult volunteers, and overnight accommodation. I consent to my child travelling with the team, and I understand that:

Volunteer drivers hold a valid BC driver's licence, a satisfactory driving record and the minimum third-party liability coverage required by the school.

Athletes remain under the authority of the trip supervisors for the entire duration of a trip, including free time, meals and overnight hours.

Room assignments follow safe-sport practice; athletes are supervised by at least two adults.

An athlete removed from a trip for misconduct will be sent home **at the family's expense**, and a parent may be required to travel to collect them.

Curfew, room checks and a no-alcohol / no-vaping / no-drugs standard apply to all trips.

- ☐ **I consent to my child travelling with the team, including overnight travel and travel by ferry, chartered bus, school vehicle and private vehicle driven by a screened volunteer.**
- ☐ I do not consent to overnight travel. I understand this may limit my child's participation.

ANYTHING A TRIP SUPERVISOR SHOULD KNOW (SLEEP, ANXIETY, MOTION SICKNESS, NIGHT MEDICATION)

C. Release after away games

- ☐ My child must return with the team.
- ☐ My child may be released to me in person after an away game, on sign-out with the coach.
- ☐ My child may be released to the following named adult: _____

SECTION 9 — TRAVEL

I have read, understood and agree to this section.

STUDENT _____ PARENT _____

10 MEDIA, PHOTOGRAPHY & PUBLICITY RELEASE

Arrows teams arephotographed andfilmed atpractices andgames. Imagesareusedforteam communication, the school website and social media, game film and coaching analysis, yearbooks, newsletters, fundraising and recruiting materials, and local media coverage.

I grant Phil & Jennie Gaglardi Academy permission to photograph and record my child in connection with the Arrows athletic program, and to use, reproduce and publish those images, recordings, the athlete's first name, grade, team, jersey number and athletic results, without compensation, in the media described above. I understand that images published online may be viewed, copied or shared beyond the school's control, and that consent once published cannot always be withdrawn.

- ☐ **I consent** to the full media release above.
- ☐ **I consent with limits.** My child may appear in team photos and game film, but not on public social media or in recruiting or fundraising material.
- ☐ **I do not consent.** I understand my child will be excluded from team photos and published material, and that in a fast-moving game environment incidental capture cannot be guaranteed against—the school will remove any image on request.

11 TEAM COMMUNICATION & TECHNOLOGY

Coaches communicate schedules, changes and cancellations by email, text message and team management apps. Parents are included on all athlete communication for athletes under 19, consistent with safe-sport practice. Coaches do not contact athletes privately on personal social media accounts.

- ☐ I consent to my child being added to the team communication group, with my contact details included.
- ☐ I prefer that all communication come to me and not directly to my child.

TEAM APP / PLATFORM USED (OFFICE USE)	PREFERRED CONTACT METHOD	BEST TIME TO REACH YOU

Privacy

Personal information collected in this package is collected under the authority of the *Personal Information Protection Act* (BC) for the purpose of administering the Arrows athletic program, ensuring participant safety, and meeting BC School Sports registration requirements. It is disclosed only as described in this package. Questions about the collection or handling of this information may be directed to the school office at 250.339.1200.

SECTIONS 10–11 — MEDIA & AMP; COMMUNICATION

I have read, understood and agree to this section.

STUDENT _____ PARENT _____

12 STUDENT CODE OF CONDUCT

The same standard we hold for every student at Gaglardi Academy.

The code of conduct for our school is rooted in the great command of Jesus to love God and love your neighbour (Matthew 22:37–40). Our school is a community. We demonstrate our love for one another in that community by being willing to conduct our lives — through speech and behaviour — in a way that honours God and gives dignity and respect to others.

This Code applies to community athletes on all school property, at every practice, tryout and game, at other schools, on field trips and on buses, and while travelling with the team.

Love, respect, and honour God.

Love, honour and obey teachers, coaches and other school authorities.

Follow their instructions, address them politely, be courteous, and seek their help in learning or when you are feeling unsafe.

Love and respect all students — not just the ones you find easy to like — because God made us all unique masterpieces created in His image (Eph 2:10).

Be kind, helpful, and encourage others.

Be inclusive, considerate, and help other students to respect the diversity of students regardless of culture, race, gender, sexual orientation, gender identity, abilities or belief systems.

Do not judge one another.

Never cause anyone harm whether it be emotional with your words or physical with your fists. Don't fight, bully, harass, or tease each other. Threats of violence and violent acts cannot be tolerated.

Respect the property of others.

Put things back where you found them and don't take what doesn't belong to you. Hand lost property into the office and take care of the school building, furniture, equipment and grounds. Please know that parents pay for the damage (or replacement) you cause.

Respect the truth.

Be honest in all situations, never make up lies about others or gossip.

Learn all you can.

Make up your mind to pay attention, do your work and develop discipline during your school years. Academic standing is part of staying on this team.

Hand in your own school work and do not cheat.

Respect purity.

Love yourself by keeping your body, mind and spirit healthy.

Say NO to vaping, tobacco, e-cigarettes, alcohol and other drugs, on and off campus.

Keep a respectful boundary between yourself and others; this means no holding hands, kissing, or sexual touching, etc.

By signing this Code of Conduct, I acknowledge that I have read and understand these values, and agree to abide by these expectations while participating in the Arrows athletic program.

STUDENT-ATHLETE SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)

PARENT / GUARDIAN SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)

13 ATHLETIC CONDUCT

Racism, discrimination and serious misconduct — zero tolerance.

1. Zero-tolerance stance

Our athletic program maintains a zero-tolerance policy towards racism, discrimination, and serious misconduct. We are committed to providing a safe, respectful and inclusive environment for all student-athletes, coaches and spectators.

2. Prohibited behaviours

The following are strictly prohibited and will result in disciplinary action:

- Racial slurs, epithets, or any form of hate speech
- Physical violence or threats of violence
- Unsportsmanlike conduct
- Hazing or initiation rituals of any kind
- Discrimination based on race, colour, religion, sex, national origin, age, disability, gender identity or sexual orientation
- Bullying or harassment, including cyberbullying
- Substance abuse, vaping, alcohol or drug use
- Any other behaviour deemed detrimental to the team or school community

3. Two-strike policy

FIRST STRIKE	SECOND STRIKE
• Immediate suspension from team activities for a minimum of one week • Mandatory meeting with the coach and Athletic Director • Written apology to affected parties • Completion of an educational program on diversity and inclusion	• Immediate dismissal from the team for the remainder of the season • Potential ban from future athletic participation, subject to review • No refund of fees paid • Written notice to the athlete's school or online program

A single incident of sufficient severity may result in immediate dismissal without a first strike.

4. Principal involvement

The Principal will be involved in any incident involving physical violence; repeated or severe cases of racism or discrimination; cases that may result in school-wide disciplinary action; and situations that may affect the broader school community. The Principal may impose additional sanctions.

5. Additional consequences for non-enrolled athletes

Because a communityathlete isnotan enrolled student, school suspension and expulsion are not available as consequences. In their place, the school may: withdraw the athlete from the program immediately and permanently; decline future registration in any Arrows team, academy or camp; report the conduct to BC School Sports and to the athlete's own school or online program; and, where a facility, league or third party is involved, report the conduct to them.

6. Reporting, investigation and appeal

All incidents must be reported to the coaching staff or Athletic Director immediately. A thorough investigation will be conducted for each reported incident, with appropriate action taken based on the findings. A family may appeal a dismissal in writing to the Principal within seven days; the Principal's decision is final.

7. Parent and spectator conduct

The standardsinthis policy applytoparents, family members and spectators attending Arrows events. Abuse of officials, coaches, athletes or opposing spectators may result in removal from the venue and, in serious or repeated cases, the withdrawal of the athlete from the program.

By participating in this athletic program, the athlete and family agree to abide by this policy and to promote a culture of respect, inclusivity and sportsmanship.

STUDENT-ATHLETE SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)

PARENT / GUARDIAN SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)

14 ARROWS STUDENT-ATHLETE CONTRACT

"No one serving as a soldier gets entangled in civilian affairs but rather tries to please his commanding officer. Similarly, anyone who competes as an athlete does not receive the victor's crown except by competing according to the rules. The hardworking farmer should be the first to receive a share of the crops."

2 Timothy 2:4–6

We, the students, coaches and teachers of Gaglardi Academy Arrows, enthusiastically commit to the values of purpose, discipline and hard work as we embark on this journey together as a team. These principles will guide us toward our shared academic and athletic success goals.

PURPOSE

Athletes: We pledge to embrace the Academy's mission of nurturing purpose-driven individuals. We understand that our education is the first step in realizing our dreams, and we're determined to make the most of it.

Coaches & teachers: We promise to support and inspire our athletes in their pursuit of purpose. We'll help them discover their passions and talents, encouraging them to reach their full potential.

DISCIPLINE

Athletes: We always vow to conduct ourselves with respect, integrity and sportsmanship. In the classroom, we'll be diligent in our studies, knowing discipline is critical to our academic achievements. On the field, we'll compete with honour, proudly representing our school.

Coaches & teachers: We'll uphold a culture of discipline and responsibility, fostering an environment where athletes can learn and grow academically and athletically.

HARD WORK

Athletes: We commit to relentless effort in all that we do. We'll strive for improvement, support our teammates, and manage our time wisely to excel academically and athletically.

Coaches & teachers: We promise to guide, inspire and motivate our athletes to give their best in every endeavour. We'll cultivate a sense of teamwork, instill a strong work ethic, and celebrate the value of hard work.

My personal commitment this season

ONE ATHLETIC GOAL I AM COMMITTING TO

ONE ACADEMIC GOAL I AM COMMITTING TO

ONE WAY I WILL MAKE MY TEAMMATES BETTER

This contract affirms our dedication to purpose, discipline and hard work. As a united team, we will pursue greatness, learn, grow, and make Gaglardi Academy Arrows proud.

STUDENT-ATHLETE SIGNATURE | PRINT NAME | DATE (YYYY-MM-DD)

COACH / TEACHER SIGNATURE | PRINT NAME | DATE (YYYY-MM-DD)

15 PLAYING TIME PHILOSOPHY

Please read this with your athlete before the season starts.

At Gaglardi Academy Arrows, our Christian mission guides every aspect of the student-athlete experience, including our approach to playing time. We believe participation in athletics is a powerful platform for spiritual, academic, and physical development. Our philosophy is rooted in fostering character, effort, teamwork, and stewardship of individual talents — always striving for excellence in a manner that honours God.

Playing time guidelines

While competitive success is a goal, our primary aim is the holistic development of each student-athlete. Grades 7-9 are "fair play." Coaches will strive to provide meaningful playing opportunities for all rostered players throughout the season, understanding that active participation is crucial for skill development, confidence, and team integration. This commitment to equitable involvement is balanced with the demands of competition, team strategy, and the stage of the season — developmental games versus championship play.

Criteria for starting lineups and substitutions

Commitment & Effort (The Farmer)	Consistent attendance, punctuality and maximum effort in practice and games are foundational. We value diligent work and a steadfast resolve to improve.
Skill & Performance (The Athlete)	Demonstrated ability, understanding of game strategy, and execution of individual and team roles. Players who consistently perform and contribute to team success earn more playing time.
Attitude & Sportsmanship (The Soldier)	Exemplary conduct, respect for coaches, teammates, opponents and officials, and a positive contribution to team morale are paramount.
Discipline & Adherence to Rules	Compliance with team and school codes of conduct, including academic responsibilities, is essential. Discipline in all aspects of life translates to discipline on the field.
Academic Standing (The Student)	Maintaining satisfactory academic progress is a non-negotiable requirement. Our student-athletes must excel in the classroom first.
Game Situations & Strategy	Tactical considerations based on opponents, game flow, specific objectives and player matchups will influence in-game decisions.

Talking to the coach

Athletes are encouraged to speak respectfully with their coach if they want clarification on these decisions; those conversations are always constructive and focused on growth. For parents, we ask for the **24-hour rule**: do not approach a coach about playing time immediately before, during or after a game. Contact the coach the next day to arrange a meeting. Concerns about playing time and team strategy are coaching decisions; concerns about your child's safety, treatment or wellbeing should be raised immediately with the coach or Athletic Director.

ACKNOWLEDGMENT

We have read and discussed the Playing Time Philosophy together. We understand that playing time is earned, that it is not guaranteed or equal, and that these decisions rest with the coaching staff.

STUDENT-ATHLETE SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)

PARENT / GUARDIAN SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)

16 MASTER SIGNATURE PAGE

One signature confirming every section of this package.

I confirm that I have read, understood and agreed to each of the following sections of the Arrows Community Student-Athlete Registration Package, and that the information I have provided in it is true and complete. I understand that this package is a legal agreement, that it takes effect when accepted by the school, and that it remains in force for the 2026–27 season.

- ☐ 1 — Program Selection & Eligibility
- ☐ 2 — Student-Athlete Information
- ☐ 3 — Parents, Guardians & Emergency Contacts
- ☐ 4 — Medical History & Health Information
- ☐ 5 — Consent to Emergency Medical Treatment
- ☐ 6 — Risk, Waiver & Release of Liability
- ☐ 7 — Insurance Declaration
- ☐ 8 — Fees, Payment & Refund Policy
- ☐ 9 — Transportation & Travel Consent
- ☐ 10 — Media, Photography & Publicity Release
- ☐ 11 — Team Communication & Technology
- ☐ 12 — Student Code of Conduct
- ☐ 13 — Athletic Conduct Policy
- ☐ 14 — Arrows Student-Athlete Contract
- ☐ 15 — Playing Time Philosophy

ATHLETE'S FULL LEGAL NAME	SPORT / TEAM	SEASON

STUDENT-ATHLETE SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)
PARENT / GUARDIAN 1 SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)
PARENT / GUARDIAN 2 (IF APPLICABLE) SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)
ATHLETIC DIRECTOR / GUARDIAN 1 SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)
SCHOOL PRINCIPAL SIGNATURE	PRINT NAME	DATE (YYYY-MM-DD)

Office use only

Package received		**Received by**		**Fees paid**	
Eligibility form filed		**STARS registered**		**Approved**	
Medical flags		**Clearance on file**		**Roster added**	

Note for the school: this package was prepared as a template. Before it is issued to families, it should be reviewed by the school's insurer and by legal counsel, and the fee amounts, dates and contact names completed.